

# STATE OF MONTANA

## BOARD OF PERSONNEL APPEALS

### EMPLOYEE CLASSIFICATION and WAGE APPEAL

#### FORMAL APPEALS STEPS

(Each step should be dated as initiated)

I \_\_\_\_\_  
Date

II \_\_\_\_\_  
Date

III \_\_\_\_\_  
Date

1. Name of Employee: \_\_\_\_\_  
Last First Middle Initial

2. Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

3. Designated Representative (if any): \_\_\_\_\_

4. Present Classification: \_\_\_\_\_

Classification Code: \_\_\_\_\_ Position Number: \_\_\_\_\_

Department: \_\_\_\_\_ Address (Building and Street) \_\_\_\_\_

Division: \_\_\_\_\_ City: \_\_\_\_\_

Bureau: \_\_\_\_\_ Room Number: \_\_\_\_\_ Business Phone \_\_\_\_\_

Has there been an informal attempt to resolve the appeal in question? \_\_\_\_\_

Others in my work unit (section, bureau, division etc) may have a classification issue similar to mine \_\_\_\_\_ Yes \_\_\_\_\_ No

**The appeals procedure is detailed in Board of Personnel Appeals Rules and Regulations ARM 24.26.508. Copies are available in each departmental personnel office or at (<http://erd.dli.mt.gov/laborstandard/wagehrlawsadminrules.asp>)**

#### STEP

##### I

I hereby invoke the formal appeals procedure guaranteed in Section 2-18-1011 MCA, as outlined in ARM 24.26.508. I certify that all facts stated here are correct to the best of my knowledge and belief.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Discuss the reason for this appeal and possible solutions to the problem. A list of appealable issues is at the bottom of this form.

Continuance of the appeal; Submission to Department head/designee: \_\_\_\_\_  
Date Received by Department Head or Designee

Findings of the department head/designee.

Date appeal returned to Employee: \_\_\_\_\_

Signature: \_\_\_\_\_  
Department Head or Designee

**STEP II** Continuance of the appeal; Submission to Department of Administration, State Personnel Division:

\_\_\_\_\_ Date Received by Department Head or Designee

Findings of the State Personnel Division.

Date appeal returned to Employee: \_\_\_\_\_

Signature: \_\_\_\_\_

**STEP III** Continuance of the appeal; Submission to Board of Personnel Appeals for final resolution:

\_\_\_\_\_ Date Received

Findings of the Board of Personnel Appeals.  
(additional comments will be attached)

Date appeal returned to Employee: \_\_\_\_\_

**If there are any questions concerning appeal procedure, contact:**

**Board of Personnel Appeals  
PO Box 6518  
Helena MT 59604-6518  
Telephone: 444-2718**

## **APPEALABLE ISSUES**

Pursuant to section 2-18-203(2), MCA, the grade assigned to a class is not an appealable subject. The appeal shall be described in terms of the following appealable issues:

- Substantial changes have occurred in this position to warrant reclassification. Specifically, this position should be allocated to (list class code and class title);
- This position was incorrectly allocated to (list class code and class title) and should be allocated to (list class code and class title);
- Pursuant to point factoring methodology, inappropriate levels have been assigned to the following factors: (list all applicable factors);
- The pay plan rules have been incorrectly applied to this position (specific rule(s) should be cited; and
- Other – issue must be specifically related to position classification.